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Bib Data Sheet

CONFIRMATION NO. 1847

<b>SERIAL NUMBER</b> 09/938,364	<b>FILING DATE</b> 08/24/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1711 1711	<b>ATTORNEY DOCKET NO.</b> ETH1595
<b>APPLICANTS</b> Murty N. Vyakarnam, New York, NY; Mark C. Zimmerman, East Brunswick, NJ; Angelo George Scopelianos, Whitehouse Station, NJ; Iksoo Chun, Flemington, NJ; Mora C. Melican, Bridgewater, NJ; Clairene A. Bazilio, Plainfield, NJ; Mark B. Roller, North Brunswick, NJ; David V. Gorky, Flemington, NJ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/469,118 12/21/1999 PAT 6,306,424 WHICH IS A CIP OF 09/345,096 06/30/1999 PAT 6,333,029 <i>Acq'd 424/426 1711</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/25/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 22
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 000027777				
<b>TITLE</b> Foam composite for the repair or regeneration of tissue				
<b>FILING FEE RECEIVED</b> 746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	